

# CONFINED SPACE ENTRY PERMIT

## LAWRENCE LIVERMORE NATIONAL LABORATORY

REASON FOR ENTRY:	
LOCATION:	
DATE/TIME:	PERMIT VALID ONE SHIFT UNLESS OTHERWISE SPECIFIED: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> OWL
NAME OF ENTRANT(S):	NAME OF ATTENDANT(S):
_____	_____
_____	_____

### HAVE THE FOLLOWING PRECAUTIONS BEEN TAKEN?

	YES	NO	NA		YES	NO	NA
1. HAS ENTRANT AND ATTENDANT BEEN TRAINED AND QUALIFIED?	<input type="checkbox"/>	<input type="checkbox"/>		6. ARE ALL TOOLS EXPLOSION PROOF OR NOT ACTUATED BY EXPLOSIVE CHARGES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. WERE HAZARDS, TESTING, AND EMERGENCY PROCEDURES EXPLAINED?	<input type="checkbox"/>	<input type="checkbox"/>		7. WILL ANY TOXIC MATERIALS BE USED? (E.G., PAINT, EPOXY, GLUES, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	
3. WERE THE FOLLOWING SYSTEMS ISOLATED, LOCKED, TAGGED, AND TESTED?				8. IS PURGING OR VENTILATION REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL CIRCUITS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. IS QUALIFIED RESCUE PERSONNEL AND EQUIPMENT AVAILABLE ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MECHANICAL EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. HAS HEALTH AND SAFETY TECHNICIAN BEEN NOTIFIED?	<input type="checkbox"/>	<input type="checkbox"/>	
VALVES AND PIPE LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. IS PROTECTIVE EQUIPMENT REQUIRED?	<input type="checkbox"/>	<input type="checkbox"/>	
GAS LINES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLEASE SPECIFY: <input type="checkbox"/> HARDHAT <input type="checkbox"/> GLASSES/GOGGLES			
4. HAVE BARRICADES BEEN PLACED AROUND WORKING AREA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> CLOTHING <input type="checkbox"/> RESPIRATORY PROTECTION			
5. WILL ANY HOT WORK BE REQUIRED? (IF YES, HOT WORK PERMIT MUST BE ISSUED)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> SAFETY HARNESS/LIFE LINE <input type="checkbox"/> FIRE EXTINGUISHER			

### SAMPLING EQUIPMENT USED

MODEL NUMBER	HAZARDS CONTROL NUMBER	CALIBRATION DATE

### TESTS CONDUCTED

	RANGE	RESULTS		RESULTS	
		RESULTS	BY WHOM	RESULTS	BY WHOM
OXYGEN LEVEL	(19.5 %-23.5 %)	_____	_____	_____	_____
COMBUSTIBILITY	(10 % OR LESS)	_____	_____	_____	_____
CARBON MONOXIDE	(35 PPM OR LESS)	_____	_____	_____	_____
HYDROGEN SULFIDE	(10 PPM OR LESS)	_____	_____	_____	_____
_____	(Indicate Material of Concern)	_____	_____	_____	_____
_____	(Indicate Material of Concern)	_____	_____	_____	_____

POTENTIAL HAZARDS ASSOCIATED WITH CONFINED SPACE:

\_\_\_\_\_

\_\_\_\_\_

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

APPROVALS:

_____ ENTRY SUPERVISOR	_____ HAZARDS CONTROL REPRESENTATIVE
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**TO BE KEPT POSTED ON JOB SITE UNTIL WORK IS COMPLETED OR PERMIT EXPIRES OR IS REVOKED**

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